

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
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TOTAL IND.	7					
TOTAL DEP.	15	↓	↓	↓	↓	↓
TOTAL CLAIMS	22	↓	↓	↓	↓	↓

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.		↓	↓	↓	↓	↓
TOTAL CLAIMS		↓	↓	↓	↓	↓